STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
1754:		175499		B. WING		08/16/2013		
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	ESS, CITY, STA	TE, ZIP CODE			
BRIGHTON GARDENS OF PRAIRIE VILLAGE			7105 MISSIC PRAIRIE VIL	ON ROAD LAGE, KS 6	6208			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC <sup>®</sup> REGULATORY OR L		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE			
S 000	INITIAL COMMENTS			S 000				
	The following citations represent the findings of a Health Resurvey.							
S1360 SS=D				S1360				
	Based on observatior interview the facility fatemperature as required.	a census of 33 resident n, record review, and ailed to maintain a hot v red in 1 (#46, #86) resid hallways for 2 of 4 day	water dents'					
	Findings included:							

If deficiencies are cited, an approved plan of correction is requisite to continued program participation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM OHUJ11 If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
1754:		175499		B. WING		08/16/2013		
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
BRIGHTON	N GARDENS OF PRAIRIE	VILLAGE	7105 MISSI PRAIRIE VII	ON ROAD LLAGE, KS 6	6208			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR I		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE			
S1360	- Observation on 8/8/13 at 11:26 A.M. revealed on Raspberry hallway in residents #46's and #86's room, the hot water tempted was 79.1 degree Farenheit (F).  Observation on 8/14/13 at 8:33 A.M. revealed the same resident room on Raspberry hallway the water temperature was 78.6 degree F.  Interview on 8/14/13 at 11:20 A.M. with maintenance staff X stated the cold water valve in the janitors closet next door to these residents' room was somehow tied into the resident's hot water line and she/he would call the plumber to fix it. Water temperatures were checked daily at six different locations.  Record review on 8/14/13 at 11:45 A.M. revealed water temperatures were obtained but lacked identification of the rooms maintenance staff took the water temperature in.			S1360				
maintenance staff		at 11:50 A.M. with stated the maintenance room the hot water sen from.	staff					
	Water Temperature L temperature reading common area and re water temperature wo 120 degree F. Neces made to the domestic	edure dated 10/5/2010 to Log revealed the water was taken daily from the sident suite. The approposal be between 105 to a sary adjustments would be hot water system if the ove or below the approp	priate (-) d be					
The facility failed to maintain the hot water temperature between 98-120 degrees F as required.								

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 08/16/2013 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED 08/16/2013		
		99	B. WING						
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE					
BRIGHTON	GARDENS OF PRAIF	RIE VILLAGE		SION ROAD VILLAGE, KS 66	208				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY I REGULATORY OR LSC IDENTIFYING INFORMA		/ FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.